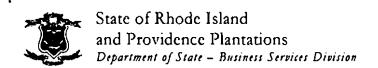
RI SOS Filing Number: 202065382110 Date: 10/15/2020 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_ 2020

Filing Period: September 1 - November 1 - Filing Fee: \$50.00\* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

	Spartan, LLC	•			3. NAICS Code 531/90	
4. Brief description of the character of the business which is actually condu Purchase, hold, sell, and otherwise deal in equity in						
6. Principal office address 150 Chestnut Street			City Providence	State RI	02903	
_	RESS OF LIMITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CONTAC	T PERSON:	•	
Contact Name C. Scott Carlisle  Street Address 150 Chestnut Street			Contact Title Manager			
			City State		Zip	
			Providence	RI	02903	
8. NAME AND AD			LIABILITY COMPANY, 1F APP		LIST MEMBERS	
Manager Name	FILL IN SPACE	S BEFORE USING ATT.	ACHMENTS ("X" BOX FOR Manager Name	ATTACHMENT)		
C. Scott Carlisle					<b>,</b>	
Street Address			Street Address			
150 Chestnut		T			<b></b>	
City Providence	State RI	2ip 02903	City	State	Zip	
Manager Name	LL		Manager Name		I	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. RESIDENT AGE	NT IN RHODE ISLAND	<u> </u>				
		Fice of the Secretary of Sta	ate. Changes require filing of Forr	n 642 – R.I.G.L. 7-16-1	1Orson and Brusini Ltd	
This information is c	LED 1 5 2020		horized person pursuant to R.I.		BUS SVCS DIV	
File Date	LED 1 5 2020	. st be executed by an aut .	<u> </u>	declare and affirm that I the schedules and statement decorrect.	BUS SVCS DIV	

Print or Type Name of Authorized Person